DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/21/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROMOBER OR SUPPLIER SIGNATURE HEALTHCARE OF CLARKSVILLE SIGNATURE HEALTHCARE OF CLARKSVILLE SIGNATURE HEALTHCARE OF CLARKSVILLE PREDIX (EACH DETRICION WASTE DESCRICATED BY FILL RECOLLATION OF LIST (DEMTPTING INFORMATION) FINAL OBSERVATIONS FINAL OBSERVATIONS FINAL OBSERVATIONS FINAL OBSERVATIONS FROMOBER THAT OF CORRECTIONS FROMOBER THAT OF THE APPROPRIATE DETRICION OF THE APPROPRIATE DETRICATION OF THE APPROPRIATE DETRICION OF THE APPROPRIATE DETRICATION OF	STATEMENT OF DEFIC			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF CLARKSVILLE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F9999 FINAL OBSERVATIONS Intakes: TN00031648, TN00031734, TN00032284, TN00032285, TN00032448, TN00032448, TN00033434 A complaint survey was conducted 4/7/14 - 4/17/14. Signature Healthcare of Clarksville was in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care				445440						
SIGNATURE HEALTHCARE OF CLARKSVILLE (X4) ID PREFIX TAG (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F9999 FINAL OBSERVATIONS Intakes: TN00032031, TN00032101, TN00032284, TN00032448, TN00033424 A complaint survey was conducted 4/7/14 - 4/17/14. Signature Healthcare of Clarksville was in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care	L			B. WING			04/17/2014			
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: TN6304